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Exhibit 692

FBI 13591-94

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DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

IN RE TERRORIST ATTACKS ON SEPTEMBER 11, 2001

CIVIL ACTION NO. MDL 03-1570(S.D.N.Y)

FBI's SUPPLEMENTAL RESPONSE TO MARCH 1, 2023,
LETTER FROM KREINDLER & KREINDLER



EXCISED COPY

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DELETION CODES

- P-1. INFORMATION, THE DISCLOSURE OF WHICH WOULD BE AN UNWARRANTED
INVASION OF PERSONAL PRIVACY.

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ITEM 11

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P-1



MT. VERNON AVE.
American International College
202 El Cajon Boulevard, San Diego, Ca 92115
LEMON GROVE, CA 91945

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

CERTIFIED MAIL



7293 3549



0000



\$2.65

00063394-17

RETURN RECEIPT
REQUESTED

\$120

PAR AVION

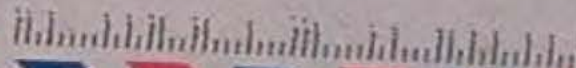
VIA AIR MAIL

CORREO AEREO

INS
P.O. Box 10539
LAGUNA NIGUEL, CA 92607-0539

0688

92607/0539



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U.S. Department of Justice
Immigration and Naturalization Service

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OMB #1115-0093
Application to Extend/Change Nonimmigrant Status

START HERE - Please Type or Print

Part 1. Information about you.

Family Name AL-HAZMI	Given Name NAWAF	Middle Initial M
Address - In Care of: DR. A U. SHAIKH		
Street # and Name P-1 MT. VERNON AVENUE	Apt #	
City LEMON GROVE	State CA	
Zip Code 91945		
Date of Birth (month/day/year) AUG. 9, 1976	Country of Birth SAUDI ARABIA	
Social Security # (if any) N/A	AP# (if any) N/A	
Date of Last Arrival into the U.S. JAN. 15, 2002	I-94# 894738296 07	
Current Nonimmigrant Status B2	Expires on (month/day/year) JUL. 14, 2000	

Part 2. Application Type.

(See instructions for fee.)

1. I am applying for: (check one)
- a. ☒ an extension of stay in my current status
- b. ☐ a change of status. The new status I am requesting is: _____
2. Number of people included in this application: (check one)
- a. ☒ I am the only applicant.
- b. ☐ Members of my family are filing this application with me. The Total number of people included in this application is _____ (complete the supplement for each co-applicant)

Part 3. Processing Information.

1. I/we request that my/our current or requested status be extended until (month/day/year) **JAN. 15, 2001**
2. Is this application based on an extension or change of status already granted to your spouse, child or parent?
- ☒ No ☐ Yes (receipt # _____)
3. Is this application being filed based on a separate petition or application to give your spouse, child or parent an extension or change of status?
- ☒ No ☐ Yes, filed with this application ☐ Yes, filed previously and pending with INS
4. If you answered yes to question 3, give the petitioner or applicant name:
- _____
- If the application is pending with INS, also give the following information:
- Office filed at _____ Filed on _____ (date)

Part 4. Additional Information.

1. For applicant #1, provide passport information:
- Country of issuance **SAUDI ARABIA** Valid to: (month/day/year) **JAN. 25, 2004**
2. Foreign address:
- Street # and Name **AL-HAZMI CENTRE** Apt # **101**
- City or Town **MAKKAH** State or Province _____
- Country **SAUDI ARABIA** Zip or Postal Code _____

Form I-539 (Rev. 12-2-91)

Continued on back.

FOR INS USE ONLY

Returned	Receipt
Date	
Resubmitted	
Date	
Reloc Sent	
Date	
Reloc Rec'd	
Date	
Date	
<input type="checkbox"/> Applicant Interviewed	



- ☒ Extension Granted to (date): **03/15/00-01/15/01**
- ☐ Change of Status/Extension Granted New Class: _____ To (date): _____

- If denied:
- ☐ Still within period of stay
- ☐ V/D to: _____
- ☐ S/D to: _____
- ☐ Place under dock/e control

Remarks

S/R I 9A

Action Block



To Be Completed by Attorney or Representative, if any

- ☐ Fill in box if G-28 is attached to represent the applicant

VOLAGE

ATTY State License #

FBI013592

U.S.
Immigr

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STAMP Case Type or Print

Part 1. Information about you.

Family Name AL-HAZMI Given Name NAWAF Middle Initial MAddress - In Care of: DR. A U. SHAIKHStreet # and Name P-1 MT. VERNON AVENUE Apt. #City LEMON GROVE State CAZip Code 91945Date of Birth (month/day/year) AUG. 9, 1976 Country of Birth SAUDI ARABIASocial Security # (if any) N/A A# (if any) N/ADate of Last Arrival into the U.S. JAN. 15, 2002 I-94# 894738296 07Current Nonimmigrant Status B2 Expires on (month/day/year) JUL. 4, 2000

Part 2. Application Type.

(See instructions for fes.)

1. I am applying for: (check one)

a. ☒ an extension of stay in my current statusb. ☐ a change of status. The new status I am requesting is:

2. Number of people included in this application: (check one)

a. ☒ I am the only applicantb. ☐ Members of my family are filing this application with me. The Total number of people included in this application is (complete the supplement for each co-applicant)

Part 3. Processing Information.

1. I/we request that my/our current or requested status be extended until (month/day/year) JAN. 4, 2001

2. Is this application based on an extension or change of status already granted to your spouse, child or parent?

☒ No ☐ Yes (receipt # _____)

3. Is this application being filed based on a separate petition or application to give your spouse, child or parent an extension or change of status?

☒ No ☐ Yes, filed with this application ☐ Yes, filed previously and pending with INS

4. If you answered yes to question 3, give the petitioner or applicant name:

If the application is pending with INS, also give the following information.

Office filed at _____ Filed on _____ (date)

Part 4. Additional Information.

1. For applicant #1, provide passport information:

Country of issuance SAUDI ARABIA Valid to: (month/day/year) JAN. 25, 2004

2. Foreign address:

Street # and Name AL-HAZMI CENTRE Apt. #City or Town MAKKAH State or ProvinceCountry SAUDI ARABIA Zip or Postal Code

FOR INS USE ONLY

Received	Date
Resubmitted	Date
Reloc Sent	Date
Reloc Rec'd	Date
<input type="checkbox"/> Applicant Interviewed	

01/27/2000
 LFC-02-223-50802
 LFC1X002



☒ Extension Granted to (date): 03/15/00 01/15/01
☐ Change of Status/Extension Granted
 sw Class: _____ To (date): _____

denied:
☐ Still within period of stay
☐ V/D to: _____
☐ S/D to: _____
☐ Place under docket control

Remarks

5/15/01

Action Block

To Be Completed by
 Attorney or Representative, If any
☐ Fill in box if G-28 is attached to represent
 the applicant

VOLAG#

FBI013593

ATTY State License #

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Part 4. Additional Information. (continued)**3. Answer the following questions. If you answer yes to any question, explain on separate paper.**

	Yes	No
a. Are you, or any other person included in this application, an applicant for an immigrant visa or adjustment of status to permanent residence?		X
b. Has an immigrant petition ever been filed for you, or for any other person included in this application?		X
c. Have you, or any other person included in this application ever been arrested or convicted of any criminal offense since last entering the U.S.?		X
d. Have you, or any other person included in this application done anything which violated the terms of the nonimmigrant status you now hold?		X
e. Are you, or any other person included in this application, now in exclusion or deportation proceedings?		X
f. Have you, or any other person included in this application, been employed in the U.S. since last admitted or granted an extension or change of status?		X

If you answered YES to question 3f, give the following information on a separate paper: Name of person, name of employer, address of employer, weekly income, and whether specifically authorized by INS.

If you answered NO to question 3f, fully describe how you are supporting yourself on a separate paper. Include the source and the amount and basis for any income.

Part 5. Signature. Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.

I certify under penalty of perjury under the laws of the United States of America that this application, and the evidence submitted with it, is all true and correct. I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking.

Signature

Print your name

NAWAF AL-HAZMI

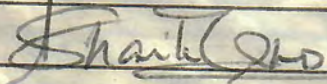
Date

07-07-00

Please Note: If you do not completely fill out this form, or fail to submit required documents listed in the instructions, you cannot be found eligible for the requested document and this application will have to be denied.

Part 6. Signature of person preparing form if other than above. (Sign below)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature

Print Your Name

ABDUSSATTAR SHAIKH

Date

07-07-00

Firm Name
and Address

(Please remember to enclose the mailing label with your application)